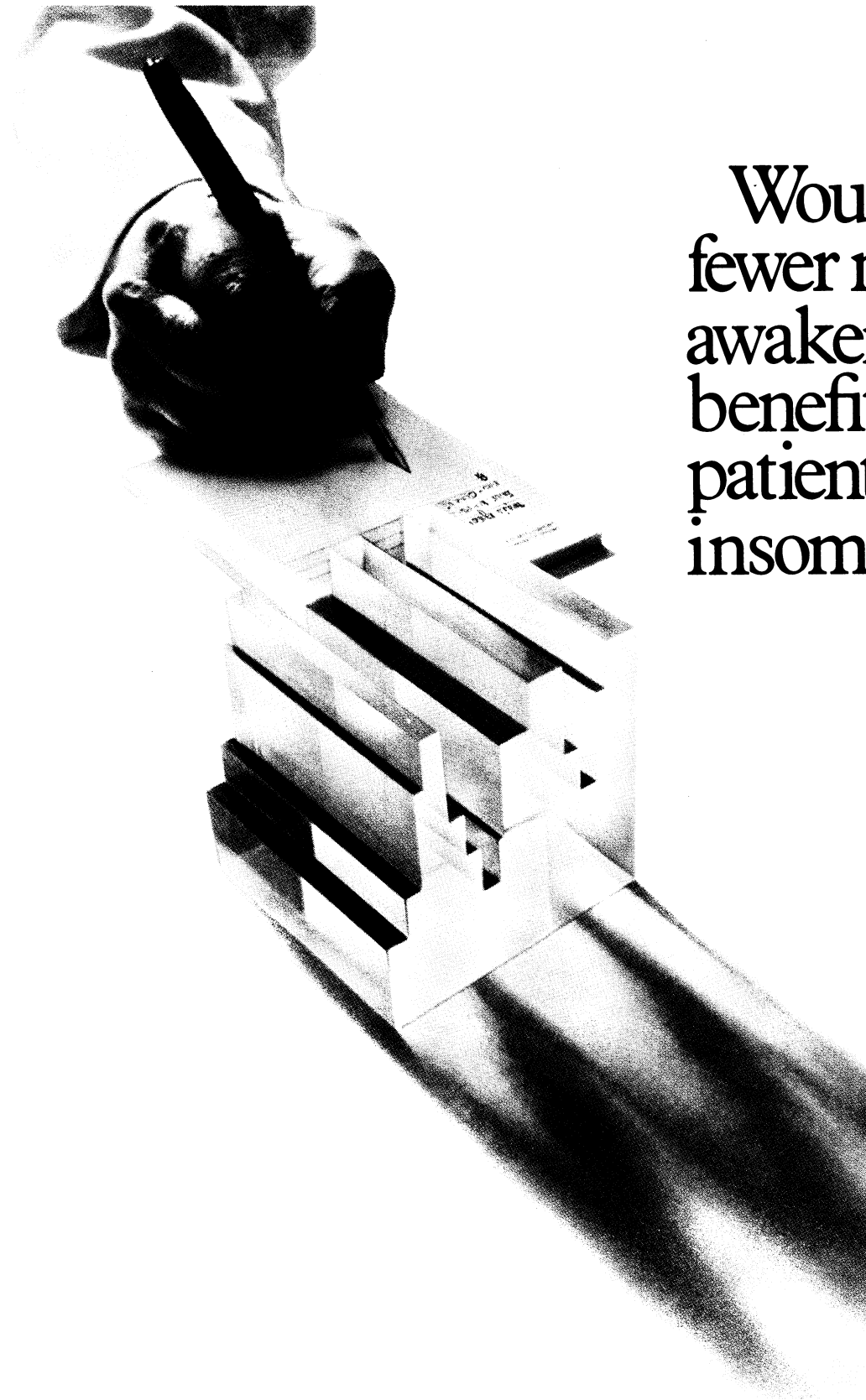
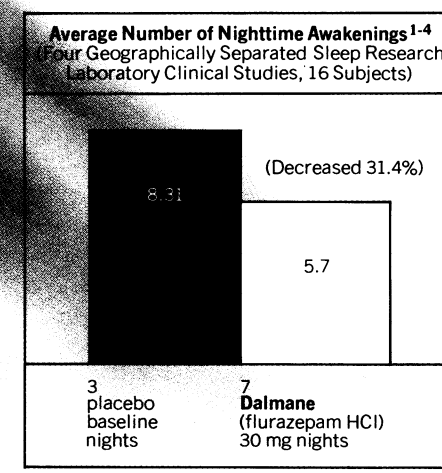


Would sleep with fewer nighttime awakenings benefit your patients with insomnia?

Highly predictable results for your patients with trouble staying asleep...

...can be obtained with Dalmane (flurazepam HCl). As shown below, Dalmane significantly reduces nighttime awakenings:[1-4]



And for those with trouble falling asleep or sleeping long enough...

...Dalmane (flurazepam HCl) also delivers excellent results. Clinically proven in sleep research laboratory studies: on average, sleep within 17 minutes that lasts 7 to 8 hours.[5]

Dalmane (flurazepam HCl) is relatively safe, seldom causes morning "hang-over"...

...and is well tolerated. The usual adult dosage is 30 mg *h.s.*, but with elderly and debilitated patients, limit the initial dose to 15 mg to preclude oversedation, dizziness or ataxia. Evaluation of possible risks is advised before prescribing.

REFERENCES:

1. Karacan I, Williams RL, Smith JR: The sleep laboratory in the investigation of sleep and sleep disturbances. Scientific exhibit at the 124th annual meeting of the American Psychiatric Association, Washington DC, May 3-7, 1971
2. Frost JD Jr: A system for automatically analyzing sleep. Scientific exhibit at the 24th annual Clinical Convention of the American Medical Association, Boston, Nov 29-Dec 2, 1970; and at the 42nd annual scientific meeting of the Aerospace Medical Association, Houston, Apr 26-29, 1971
3. Vogel GW: Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley NJ
4. Dement WC: Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley NJ
5. Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley NJ

Before prescribing Dalmane (flurazepam HCl), please consult complete product information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; and in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity, have also been reported in rare instances.

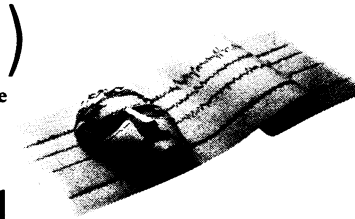
Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

Depend on highly predictable results with

Dalmane®
(flurazepam HCl)

One 30-mg capsule *h.s.*— usual adult dosage (15 mg may suffice in some patients).
One 15-mg capsule *h.s.*— initial dosage for elderly or debilitated patients.



specifically indicated for insomnia

Objectively proved in the sleep research laboratory:

- **sleep with fewer nighttime awakenings**
- **sleep within 17 minutes, on average**
- **sleep for 7 to 8 hours, on average,**

with a single *h.s.* dose.

ROCHE

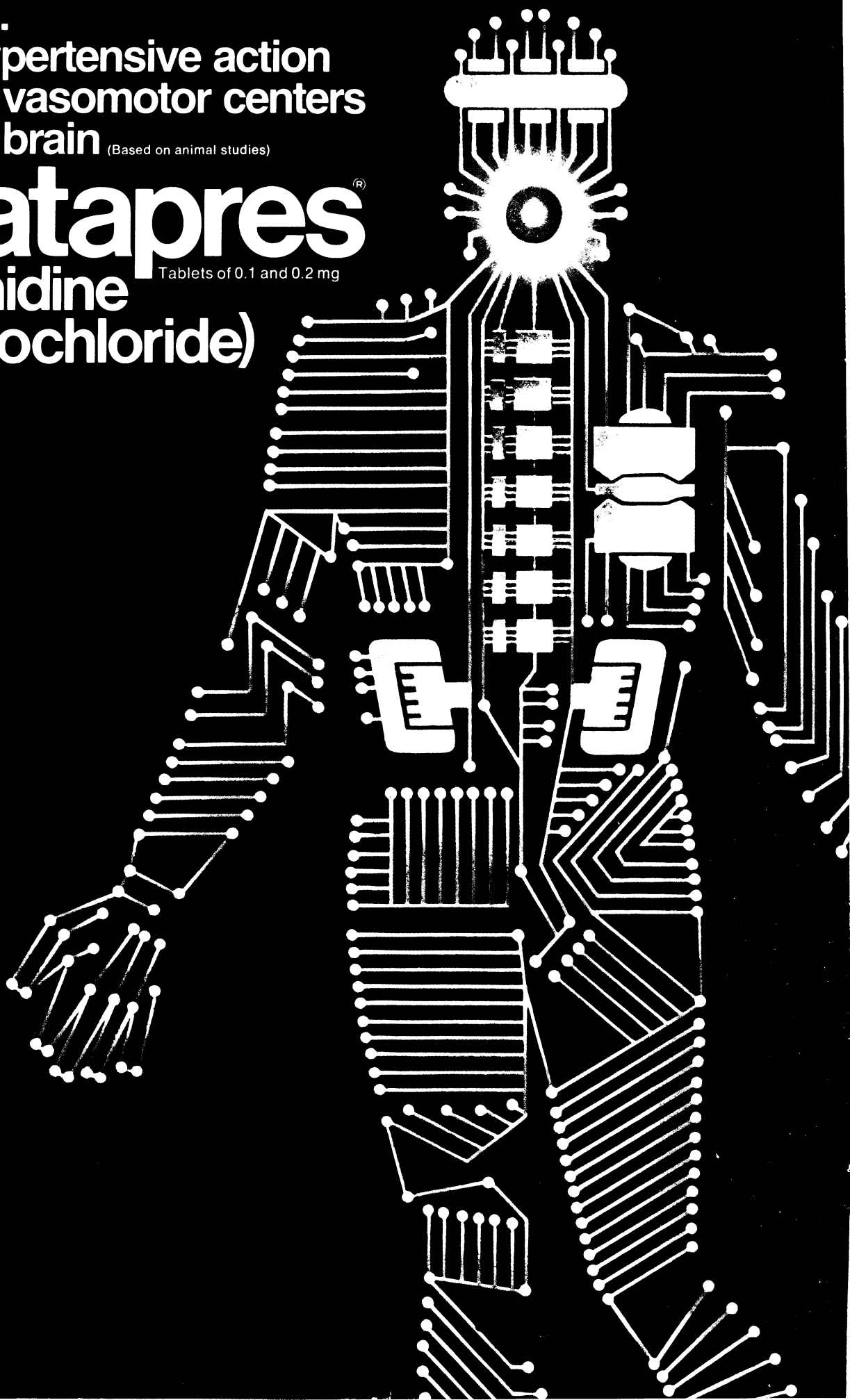
ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110

Now...
antihypertensive action
at the vasomotor centers
in the brain (Based on animal studies)

Catapres®

Tablets of 0.1 and 0.2 mg

(clonidine
hydrochloride)



Central action

Catapres appears to lower blood pressure through central alpha-adrenergic stimulation as shown in animal studies. This results in diminution – but not blocking – of sympathetic outflow from cardioaccelerator and vasoconstrictor centers in the medulla.

Not a "depleter", "blocker", "inhibitor" or "false transmitter"

Not a rauwolfia

BOEHRINGER INGELHEIM

Boehringer Ingelheim

Boehringer Ingelheim Ltd.
Elmsford, New York 10523

Effective in hypertension, mild to severe

Mild and infrequent orthostatic hypotension

Normal hemodynamic responses to exercise are unaffected

Renal blood flow and glomerular filtration rate essentially unchanged

Mild to moderate potency

The most common side effects are dry mouth, drowsiness and sedation. These generally tend to diminish with continued therapy. Other potential adverse reactions are listed in the Brief Summary.

Catapres® (clonidine hydrochloride)
Tablets of 0.1 mg and 0.2 mg

Indication: The drug is indicated in the treatment of hypertension. As an antihypertensive drug, Catapres (clonidine hydrochloride) is mild to moderate in potency. It may be employed in a general treatment program with a diuretic and/or other antihypertensive agents as needed for proper patient response.

Warnings: Tolerance may develop in some patients necessitating a reevaluation of therapy.

Usage in Pregnancy: In view of embryotoxic findings in animals, and since information on possible adverse effects in pregnant women is limited to uncontrolled clinical data, the drug is not recommended in women who are or may become pregnant unless the potential benefits outweigh the potential risk to mother and fetus.

Usage in Children: No clinical experience is available with the use of Catapres (clonidine hydrochloride) in children.

Precautions: When discontinuing Catapres (clonidine hydrochloride), reduce the dose gradually over 2 to 4 days to avoid a possible rapid rise in blood pressure and associated subjective symptoms such as nervousness, agitation, and headache. Patients should be instructed not to discontinue therapy without consulting their physician. Rare instances of hypertensive encephalopathy and death have been recorded after cessation of clonidine hydrochloride therapy. A causal relationship has not been established in these cases. It has been demonstrated that an excessive rise in blood pressure, should it occur, can be reversed by resumption of clonidine hydrochloride therapy or by intravenous phentolamine. Patients who engage in potentially hazardous activities, such as operating machinery or driving should be advised of the sedative effect. This drug may enhance the CNS-depressive effects of alcohol, barbiturates and other sedatives. Like any other agent lowering blood pressure, clonidine hydrochloride should be used with caution in patients with severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease or chronic renal failure.

As an integral part of their overall long-term care, patients treated with Catapres (clonidine hydrochloride) should receive periodic eye examinations. While, except for some dryness of the eyes, no drug-related abnormal ophthalmologic findings have been recorded with Catapres, in several studies the drug produced a dose-dependent increase in the incidence and severity of spontaneously occurring retinal degeneration in albino rats treated for 6 months or longer.

Adverse Reactions: The most common reactions are dry mouth, drowsiness and sedation. Constipation, dizziness, headache, and fatigue have been reported. Generally these effects tend to diminish with continued therapy. The following reactions have been associated with the drug, some of them rarely. (In some instances an exact causal relationship has not been established). These include: Anorexia, malaise, nausea, vomiting, parotid pain, mild transient abnormalities in liver function tests; one report of possible drug-induced hepatitis without icterus and hyperbilirubinemia in a patient receiving clonidine hydrochloride, chlorthalidone and papaverine hydrochloride.

Weight gain, transient elevation of blood glucose, or serum creatine phosphokinase; congestive heart failure, Raynaud's phenomenon; vivid dreams or nightmares, insomnia, other behavioral changes, nervousness, restlessness, anxiety and mental depression. Also rash, angioneurotic edema, hives, urticaria, thinning of the hair, pruritus not associated with a rash, impotence, urinary retention, increased sensitivity to alcohol, dryness, itching or burning of the eyes, dryness of the nasal mucosa, pallor, gynecomastia, weakly positive Coombs' test, asymptomatic electrocardiographic abnormalities manifested as Wenckebach period or ventricular trigeminy.

Overdosage: Profound hypotension, weakness, somnolence, diminished or absent reflexes and vomiting followed the accidental ingestion of Catapres (clonidine hydrochloride) by several children from 19 months to 5 years of age. Gastric lavage and administration of an analeptic and vasopressor led to complete recovery within 24 hours. Tolazoline in intravenous doses of 10 mg at 30-minute intervals usually abolishes all effects of Catapres (clonidine hydrochloride) overdosage.

How Supplied: Catapres, brand of clonidine hydrochloride, is available as 0.1 mg (tan) and 0.2 mg (orange) oval, single-scored tablets in bottles of 100.

For complete details, please see full prescribing information.

Under license from
Boehringer Ingelheim GmbH

What to do when your patient feels robbed of milk, cream and saturated fat.

Offer a reward.

Mocha Mix. To satisfy mouth hunger, the love of richness. But not just another non-dairy creamer. Because non-dairy does not always mean low-saturate. And some creamers can subvert an unsuspecting patient on a fat-restricted diet. Mocha Mix, however, has the lowest ratio of unsaturated to saturated fat of any creamer, powdered or liquid—easily exceeding the accepted standard 2:1 ratio. It's 100% milk free. 100% cholesterol free. And tastes like a splash of luxury in coffee, on cereal, fruit, dessert, even in cooking. If you must deprive your patient, add a reward for good behavior. Mocha Mix.

MOCHA MIX DATA SHEET

Portion Size 1 Fluid Ounce (2 Tbs.)

Servings per container	16
Calories	40
Protein	0 grams
Carbohydrate	3 grams
Fat	3 grams
Percent of Calories from Fat	73%
Polyunsaturated Fat	1 gram
Saturated Fat	0 grams
Cholesterol	0

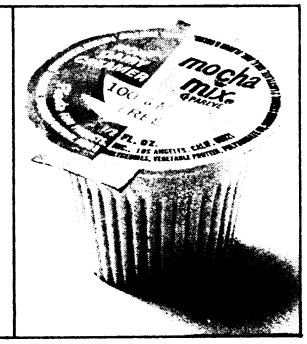
(Percentage of U.S. Recommended Daily Allowances (U.S., RDA)*

*Contains less than 2% of the U.S. RDA of Protein, Vitamin A, Vitamin C, Thiamine, Riboflavin, Niacin, Calcium, Iron.

In addition to the pint and quart size found in the dairy case of most grocery stores, Mocha Mix is available in 4 ounce and ½ oz. portion packs for hospitals and institutions.

Interested? Send us a note and we will send you a supply of coupons your patients can redeem at their grocers. Hospital service may also be supplied upon request. Mail to:

Mocha Mix Dept. Presto Food Products, Inc.
P.O. Box No. 21908, Los Angeles, Calif. 90021



mocha mix® ...the non-dairy creamer that's lowest in saturated fat.

"Antiacid" action for ulcer patients...

one of the many things you need in an anticholinergic.

Pro-Banthine is considered adjunctive in total peptic ulcer therapy that may include diet, conventional antacids, bed rest, and other supportive measures.

Pro-Banthine is provided in several different dosage forms which will meet virtually any clinical need. It is just as versatile in filling patient needs, among which are:

"Antiacid" action—Pro-Banthine® (propantheline bromide) reduces gastric secretory volume and resting total and free acid.

"Analgesic" action—Pro-Banthine helps to control the acid-spasm-pain complex.

Vigorous anticholinergic action—Pro-Banthine® Vials, 30 mg., are for intramuscular or intravenous use when prompt and vigorous anticholinergic action is required.

Mild anticholinergic action—Pro-Banthine® Half Strength, 7.5 mg. tablets, for more exact adjustment of maintenance dosage in mild to moderate gastrointestinal disorders.

Pro-Banthine
(propantheline bromide)

a good option in peptic ulcer

Pro-Banthine®
brand of
propantheline bromide

Indications: Pro-Banthine is effective as adjunctive therapy in the treatment of peptic ulcer. Dosage must be adjusted to the individual.

Contraindications: Glaucoma, obstructive disease of the gastrointestinal tract, obstructive uropathy, intestinal atony, toxic megacolon, hiatal hernia associated with reflux esophagitis, or unstable cardiovascular adjustment in acute hemorrhage.

Warnings: Patients with severe cardiac disease should be given this medication with caution. Fever and possibly heat stroke may occur due to anhidrosis.

Overdosage may cause a curare-like action, with loss of voluntary muscle control. For such patients prompt and continuing artificial respiration should be applied until the drug effect has been exhausted. Diarrhea in an ileostomy patient may indicate obstruction, and this possibility should be considered before administering Pro-Banthine.

Precautions: Since varying degrees of urinary hesitancy may be evidenced by elderly males with prostatic hypertrophy, such patients should be advised to micturate at the time of taking the medication.

Overdosage should be avoided in patients severely ill with ulcerative colitis.

Adverse Reactions: Varying degrees of drying of salivary secretions may occur as well as mydriasis and blurred vision. In addition the following adverse reactions have been reported: nervousness, drowsiness, dizziness, insomnia, headache, loss of the sense of taste, nausea, vomiting, constipation, impotence and allergic dermatitis.

Dosage and Administration: The recommended daily dosage for adult oral therapy is one 15-mg. tablet with meals and two at bedtime. Subsequent adjustment to the patient's requirements and tolerance must be made.

How Supplied: Pro-Banthine is supplied as tablets of 15 and 7.5 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type vials of 30 mg.

SEARLE **Searle & Co.**
San Juan, Puerto Rico 00936

Address medical inquiries to: G. D. Searle & Co.
Medical Department, Box 5110, Chicago, Ill. 60680 481

The 2 most widely prescribed sodium levothyroxine (T_4) products are:

LETTER®
(Sodium levothyroxine, Armour) Tablets

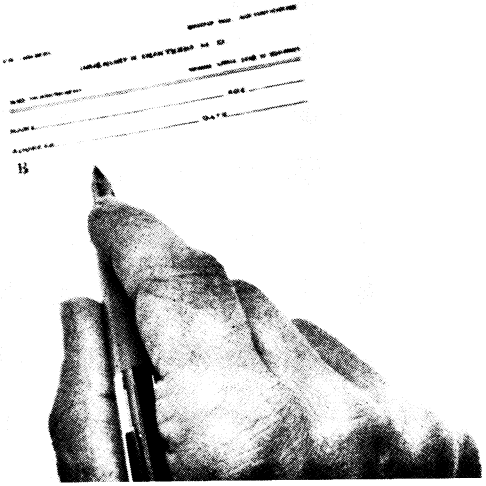
SYNTHROID®
(Sodium levothyroxine) Flint Tablets

LETTER® IS 10% LOWER IN PRICE THAN SYNTHROID®*

Armour Pharmaceutical Company
Phoenix, Arizona 85077

*Armour's published list price to pharmacies for LETTER is 10% less than the Flint published price for Synthroid in bottles of 100 of the same strength. Pharmacy charges to the patient will vary from pharmacy to pharmacy, depending on individual locations, policies and services offered.

Bioequivalence



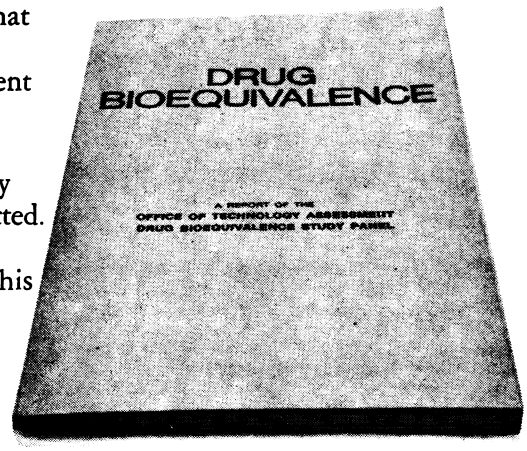
the weight of scientific opinion:

If the pharmacist substituted a chemically equivalent drug for the one you have specified for your patient—could you be certain of that product's safety and effectiveness simply because the chemical content was the same?

Definitely not, unless bioequivalence tests and other quality assurance checks had been conducted. The pharmaceutical industry and many scientists have maintained this position for years, but others have questioned it. Now the Office of Technology Assessment of the Congress of the United States has reported on the issue in its Drug Bioequivalence Study.*

Here are a few definitive statements in the O.T.A. report:

"...the problem of bioinequivalency in chemically equivalent products is a real one. Since the studies in which lack of bioequivalence was demonstrated involved marketed products that met current compendial standards, these documented instances constitute unequivocal evidence that neither the present standards for testing the finished product nor the specifications for materials, manufacturing process, and controls are adequate to ensure that ostensibly equivalent drug products are, in fact, equivalent in bioavailability.



"While these therapeutic failures resulting from problems of bioavailability were recognized and well documented, it is entirely possible that other therapeutic failures and/or instances of toxicity that had a similar basis have escaped attention."

The Pharmaceutical Manufacturers Association supports federal legislative amendments that would require manufacturers of duplicate prescription pharmaceutical products, subject to new drug procedures, to document:

(a) chemical equivalence; and

(b) biological equivalence, where bioavailability test methods have been validated as a reliable means of assuring clinical equivalence; or

(c) where such validation is not possible, therapeutic equivalence.

In addition, the PMA supports federal legislation that would require certification of all manufacturers of prescription products before they could start in business, annual inspections and certification thereafter, and strict adherence to FDA regulations on good manufacturing practices.

The overall quality of the United States drug supply is excellent. But only a total quality assurance program, envisaged in these and other policy positions adopted by the PMA Board of Directors in 1974, can bring about acceptable levels of performance by all prescription drug manufacturers and thereby assure the integrity of your prescription...

Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W.
Washington, D.C. 20005

*Copies of the complete report on Drug Bioequivalence may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

protecting the integrity of your prescription

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules; in Single Unit Packages of 100 (intended for institutional use only).

SK&F CO.
Carolina, P.R. 00630
Subsidiary of
SmithKline Corporation

KEEP THE HYPERTENSIVE PATIENT ON THERAPY KEEP THERAPY SIMPLE WITH DYAZIDE®

Trademark

Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

Neither inconvenient potassium supplements nor special K^+ rich diets needed as a rule. Just 'Dyazide' once or twice daily for maintenance.

Two prime reasons patients drop out of hypertensive therapy are (1) the patient failed to understand directions, and (2) the regimen was overly complicated. Dosage is simple with 'Dyazide', easily understood, once or twice daily, depending on response. There's no need to complicate the regimen with potassium supplements or unwieldy potassium-rich diets.

TO KEEP BLOOD PRESSURE DOWN AND KEEP POTASSIUM LEVELS UP

How many of your patients know what vitamin A and vitamin C are?

But they do know what vegetables and fruits are.

The foods above have several nutrients in common. The principal ones are vitamins A and C, important for building body resistance to infection. Because citrus fruits, leafy greens, broccoli, carrots, cabbage and others provide these nutrients, these kinds of foods are classified as the Vegetable & Fruit Group in the U.S. Department of Agriculture's Four Food Groups system.

Some physicians counsel patients in terms of nutrients. Which is easier for them to understand—foods or nutrients?

For attractive, color copies of the Four Food Groups guide for your patients, write: Dairy Council of California, Box 28F, Sacramento, CA 95825.

Dairy Council of California

The Four Food Groups—milk, meat, vegetables and fruits, breads and cereals—a practical guide to good nutrition.

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SACRAMENTO, CALIFORNIA, City of 650,000 has excellent opportunities for all specialties, especially general practitioners and internal medicine. Smog free, no snow, one hour to Lake Tahoe and mountain ski resorts, one and one-half hours to San Francisco. Excellent hunting and fishing, State Capitol, University of California Medical School. New, growing hospital with Medical Office Building immediately adjacent. Inquire: Stanley C. Oppegard, Administrator, Methodist Hospital of Sacramento, 7500 Timberlake Way, Sacramento, CA 95823. Tel. (916) 391-7440.

CARDIOLOGIST—Board certified internist with subspecialty in cardiology needed for busy cardiology practice in Orange County, with excellent facilities and adjacent medical school. Send résumé to Box 9392, Western Journal of Medicine, 731 Market St., San Francisco, 94103.

FULL-TIME EMERGENCY CARE position with pre-payment group. Includes both hospital and clinic emergency care work. Partnership after two years. Excellent insurance and retirement programs. Robert A. McFarlane, MD, 5055 North Greeley Ave., Portland, Ore. 97217.

ORTHOPEDIST: Board certified or board eligible, for large multispecialty group. Department currently consists of seven orthopedists. Department and area expanding. Edward H. Start, MD, Chief of Orthopedics, The Permanente Clinic, 5055 North Greeley Ave., Portland, Oregon 97217.

INTERNIST-FAMILY PRACTITIONER for Neighborhood Health Center clinic near San Jose, Calif. Board certified or Board eligible. Potential for teaching opportunities at two major academic medical centers. Spanish speaking ability helpful but not necessary. Practice in a suburban and semi-rural area with beautiful weather and excellent recreational and vacation facilities. Salary: $30,000+, with additional fringe benefits. Send curriculum vitae to Richard Ross, MD, Medical Director, 1621 Gold Street, Alviso, Calif. 95002.

CLINICAL CARDIOLOGY

A Fellowship is offered in Clinical Cardiology at Huntington Memorial Hospital. Excellent experience in all phases of clinical cardiology. Invasive and non-invasive techniques are under the supervision of a full-time Director of Cardiology. Experience is offered in both adult and pediatric cardiology. Active on-going cardiac surgery program. Direct inquiries to David A. Swan, MD, FACC, Huntington Memorial Hospital, 100 Congress St., Pasadena, CA 91105.

WANTED—General Practitioner or Internist for large practice in Ontario, California. Gross $100,000 per annum.

Write Box 9413, Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

PHYSICIANS WANTED

INTERNIST/FAMILY PRACTITIONER needed immediately. Fine opportunity to join our established multispecialty group in our remodeled modern facility serving West Oakland. Top salary and benefits. Write: Douglas Smith, 5709 Market St., Oakland, CA; Phone (415) 658-8200.

INTERNIST—Four man corporation, two full time and two part time, want internist or general practitioner. Expanding with new Medical building in San Gabriel Valley growing area. Salary open, fringe benefits. Contact H. A. Chollet, MD, 430 W. Badillo, Covina, CA 91723; Phone (213) 331-9419.

INTERNISTS, Board Certified or eligible; **FAMILY PRACTITIONERS;** for multi-specialty group on Island of Oahu. Also **PEDIATRICIAN** willing to do general practice for Island of Maui. Starting salary negotiable. Excellent fringe benefits. Write: Hawaii Permanente Medical Group, Inc., 1697 Ala Moana Blvd., Honolulu, Hawaii 96815.

OB/GYN RESIDENCY—Second year available July 1, 1975. Fully approved program. All qualified applicants urged to apply. Valid California license must be in hand. Salary $15,432 annually, plus fringe benefits. Contact Dr. Leroy Smale, Chairman, Kern General Hospital, 1830 Flower Street, Bakersfield, CA 93305.

WANTED: Family Practitioner, Versatile Internist or Pediatrician, for new primary care facility in reconstructed housing development. Fluency in, or some facility with, Spanish is desirable. Close collaboration with large County hospital and medical school furnish excellent educational opportunities. The innovative aspects of this format for providing high quality medical care to an underserved defined population should provide gratification and challenge to the right physician. Salary is dependent upon qualifications. Liberal fringe benefits include vacation, sick leave, group insurance, college tuition for children. Location in Southern California provides easy access to mountains, desert and seashore under ideal weather conditions. Unsurpassed recreational, cultural, and educational resources. Send references to Norman Shrifter, MD, 1100 North Mission Road, Los Angeles, CA 90033.

PHYSICIAN—Preferably board certified in internal medicine or general practice for internal medicine or ambulatory care services. Pending university affiliation for internal medicine residency. Fully equipped and staffed hospital, excellent laboratory and library services, fine consultation in a magnificient western setting with all the advantages of outdoor living. Salary range: $28-$36,000. Forty-hour week. Excellent employment benefits with 30 days annual vacation and the best sick leave, retirement, health and life insurance available. An Equal Opportunity Employer. Contact: Frank R. Mohs, MD, Chief of Staff, VA Hospital, Boise, Idaho 83702, or call (208) 342-3681.

MILLS COLLEGE, OAKLAND, CALIFORNIA, a College for women, is seeking a qualified physician to assume full responsibility for primary health care; and be part of a broader health team involved in an innovative program to develop new patterns for health of the Mills community. Please send letter of application and vita to Office of the President, Mills College, Oakland, CA 94613.

PULMONARY DISEASE PHYSICIAN, certified, to associate with a Cardiologist in Orange County. Send curriculum vitae to: E. C. Gaulden, MD, 17541 Irvine Blvd., Tustin, CA, or call (714) 838-2655.

(Continued on Page 16)

PHYSICIAN

For public hospital practice in semi-rural area of So. Calif. Need doctors for out-patient clinic or medical wards. Excellent civil service benefits and retirement plan. Health insurance and malpractice paid. Salary range: G.P.'s $2,228-$2,920. Specialists: $2,487-$3,816. Calif. license and valid BNDD required. Contact: Dr. Harry Glenchur, MD, Medical Director—Mira Loma Hospital, 44900 N. 60th St. West, Lancaster, CA (805) 948-8581.

Board eligible or certified physiatrist for university affiliated medical center. Clinical teaching and research opportunity in a major rehabilitation center including Federal Regional Spinal Cord Injury Program. Unique head injury program, burn rehabilitation, cardiac rehabilitation, general rehabilitation, and electrodiagnosis. Undergraduate teaching and residency training programs. 70 acute rehab beds in a 625 bed institution in the San Francisco Bay Area. Apply with curriculum vitae to:

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PHYSICIANS WANTED

EXCELLENT IMMEDIATE OPPORTUNITY for Pulmonary Internist to join Board Certified Pulmonary Specialist in San Diego, California. Private practice includes office care, hospital consultations, and medical direction of Respiratory Therapy-Pulmonary Function Departments. Reply with curriculum vitae to: Jerry E. Fein, MD, 6355 Ridge Manor Ave, San Diego, CA 92120.

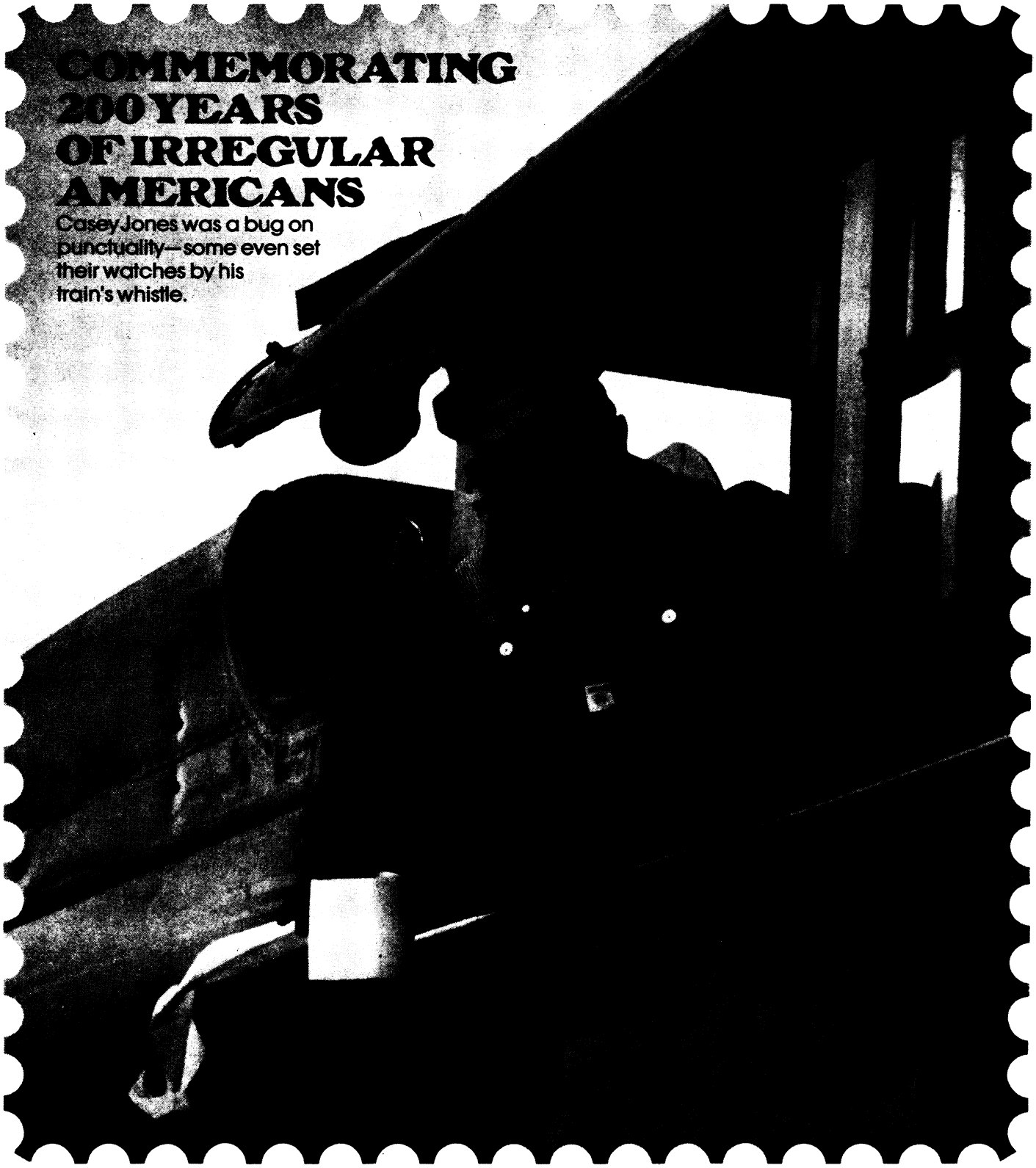
OB-GYN: For Neighborhood Health Center clinic near San Jose, California. Potential for teaching opportunities and staff privileges at two major academic medical centers. Spanish speaking ability helpful but not necessary. Practice in a suburban and semi-rural area with beautiful weather and excellent recreational and vacation facilities. Salary: Negotiable, excellent fringe benefits. Send curriculum vitae to Richard Ross, MD, Medical Director, 1621 Gold St., Alviso, CA 95002.

DIRECTOR, Primary Care Program, St. Vincent Hospital & Medical Center, Portland, Oregon. Serves rapidly growing suburban community. Assume overall responsibility for new Family Medical Care Unit. Assist in formulation of long-range plans for primary care program. Requires board eligibility in Family Practice or Internal Medicine, experience in primary care practice, plus teaching interest and capability. Reply Box 9410, The Western Journal of Medicine, 731 Market St., San Francisco, CA 94103.

INTERNIST OR PEDIATRICIAN

Doctor, when you complete your training, what are your goals? (1) Economic security? (2) Provide your expertise where it is needed and appreciated? (3) To practice in an area that assures an abundant life for you and your family? (4) Continuing education and stimulation? If you answered yes to all of the above questions, then you are precisely the alert, perceptive Internist or Pediatrician we are looking for to associate with a nine-man, multi-specialty group. Send résumé at once to:

CARL H. SHUCK
Elko Clinic
762 - 14th Street, Elko, Nevada 89801
702-738-3111



Just get me to the station on time. For 200 years, Americans have been in a hurry. But some things just don't happen on schedule—like bowel movements in a constipated patient. And for 200 years, Americans have dealt with this problem in a variety of ways—and with varying degrees of success.

Now there's Modane.® One tablet with the evening meal provides comfortable laxation in the morning...for postoperative, pregnant, or geriatric patients. Because it's **reliable.** Because it's **predictable.** Because it's **gentle.**

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LAXATIVE TABLETS

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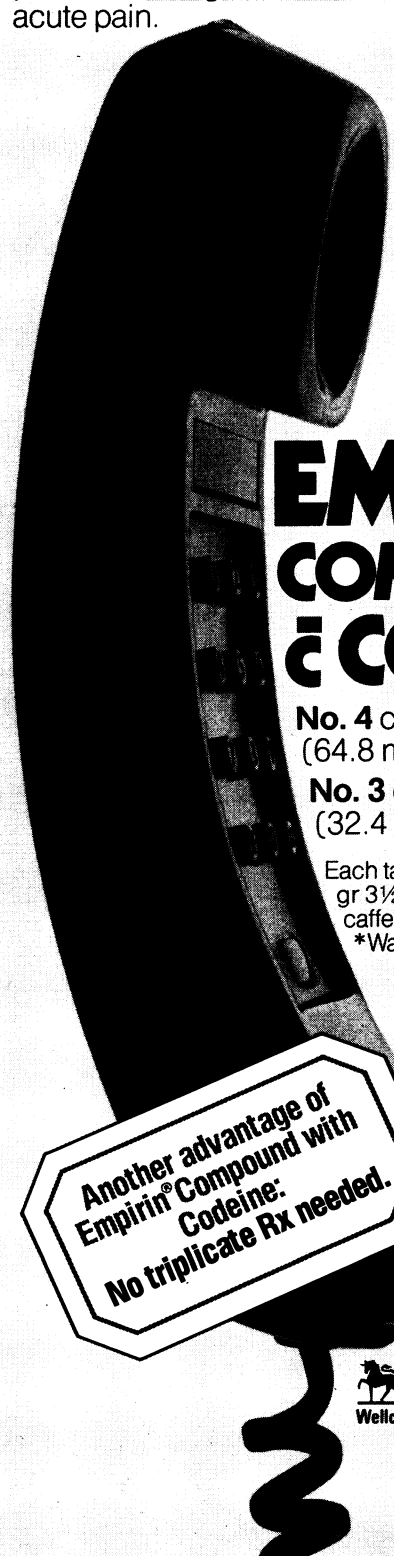
The Pain Phone

When a telephone prescription for pain relief is necessary or convenient, you can call in your order for Empirin Compound with Codeine in 45 of the 50 states† That includes No. 4, which provides a full grain of codeine for more intense, acute pain.

†The exceptions: Alaska, Arizona, Maine, Oregon, Rhode Island, and the District of Columbia.



EMPIRIN® COMPOUND with CODEINE

No. 4 codeine phosphate* (64.8 mg) gr 1

No. 3 codeine phosphate* (32.4 mg) gr ½

Each tablet also contains aspirin gr 3½, phenacetin gr 2½, caffeine gr ½.

*Warning—may be habit-forming.

Ⓒ III

Another advantage of Empirin® Compound with Codeine: No triplicate Rx needed.

Wellcome / **Burroughs Wellcome Co.**
Research Triangle Park
North Carolina 27709

PROLOID® (thyroglobulin)

Caution: Federal law prohibits dispensing without prescription.

Description. Proloid (thyroglobulin) is obtained from a purified extract of frozen hog thyroid. It contains the known calorigenically active components, Sodium Levothyroxine (T_4) and Sodium Liothyronine (T_3). Proloid (thyroglobulin) conforms to the primary USP specifications for desiccated thyroid—for iodine based on chemical assay—and is also biologically assayed and standardized in animals.

Chromatographic analysis to standardize the Sodium Levothyroxine and Sodium Liothyronine content of Proloid (thyroglobulin) is routinely employed.

The ratio of T_4 and T_3 in Proloid (thyroglobulin) is approximately 2.5 to 1.

Proloid (thyroglobulin) is stable when stored at usual room temperature.

Indications. Proloid (thyroglobulin) is thyroid replacement therapy for conditions of inadequate endogenous thyroid production: e.g., cretinism and myxedema. Replacement therapy will be effective only in manifestations of hypothyroidism.

In simple (nontoxic) goiter, Proloid (thyroglobulin) may be tried therapeutically, in nonemergency situations, in an attempt to reduce the size of such goiters.

Contraindication. Thyroid preparations are contraindicated in the presence of uncorrected adrenal insufficiency.

Warnings. Thyroglobulin should not be used in the presence of cardiovascular disease unless thyroid-replacement therapy is clearly indicated. If the latter exists, low doses should be instituted beginning at 0.5 to 1.0 grain (32 to 64 mg) and increased by the same amount in increments at two-week intervals. This demands careful clinical judgment.

Morphologic hypogonadism and nephroses should be ruled out before the drug is administered. If hypopituitarism is present, the adrenal deficiency must be corrected prior to starting the drug.

Myxedematous patients are very sensitive to thyroid and dosage should be started at a very low level and increased gradually.

Precaution. As with all thyroid preparations this drug will alter results of thyroid function tests.

Adverse Reactions. Overdosage or too rapid increase in dosage may result in signs and symptoms of hyperthyroidism, such as menstrual irregularities, nervousness, cardiac arrhythmias, and angina pectoris.

Dosage and Administration. Optimal dosage is usually determined by the patient's clinical response. Confirmatory tests include BMR, $T_3{}^{131}I$ resin sponge uptake, $T_3{}^{131}I$ red cell uptake, Thyro Binding Index (TBI), and Achilles Tendon Reflex Test. Clinical experience has shown that a normal PBI (3.5-8 mcg/100 ml) will be obtained in patients made clinically euthyroid when the content of T_4 and T_3 is adequate. Dosage should be started in small amounts and increased gradually with increments at intervals of one to two weeks. Usual maintenance dose is 0.5 to 3.0 grains (32 to 190 mg) daily.

Instructions for Use. The following conversion table lists the approximate equivalents of other thyroid preparations to Proloid (thyroglobulin) when changing medication from desiccated thyroid, T_4 (sodium levothyroxine), T_3 (sodium liothyronine), or T_4/T_3 (liotrix).

CONVERSION TABLE

Dose of Proloid (thyroglobulin)	Dose of Desiccated Thyroid	Dose of T_4 (sodium levothyroxine)	Dose of T_3 (sodium liothyronine)	Dose of liotrix (T_4/T_3)
1 grain	1 grain	0.1 mg	25 mcg	#1 (60 mcg/15 mcg)
2 grains	2 grains	0.2 mg	50 mcg	#2 (120 mcg/30 mcg)
3 grains	3 grains	0.3 mg	75 mcg	#3 (180 mcg/45 mcg)
4 grains	4 grains	0.4 mg	100 mcg	
5 grains	5 grains	0.5 mg	125 mcg	

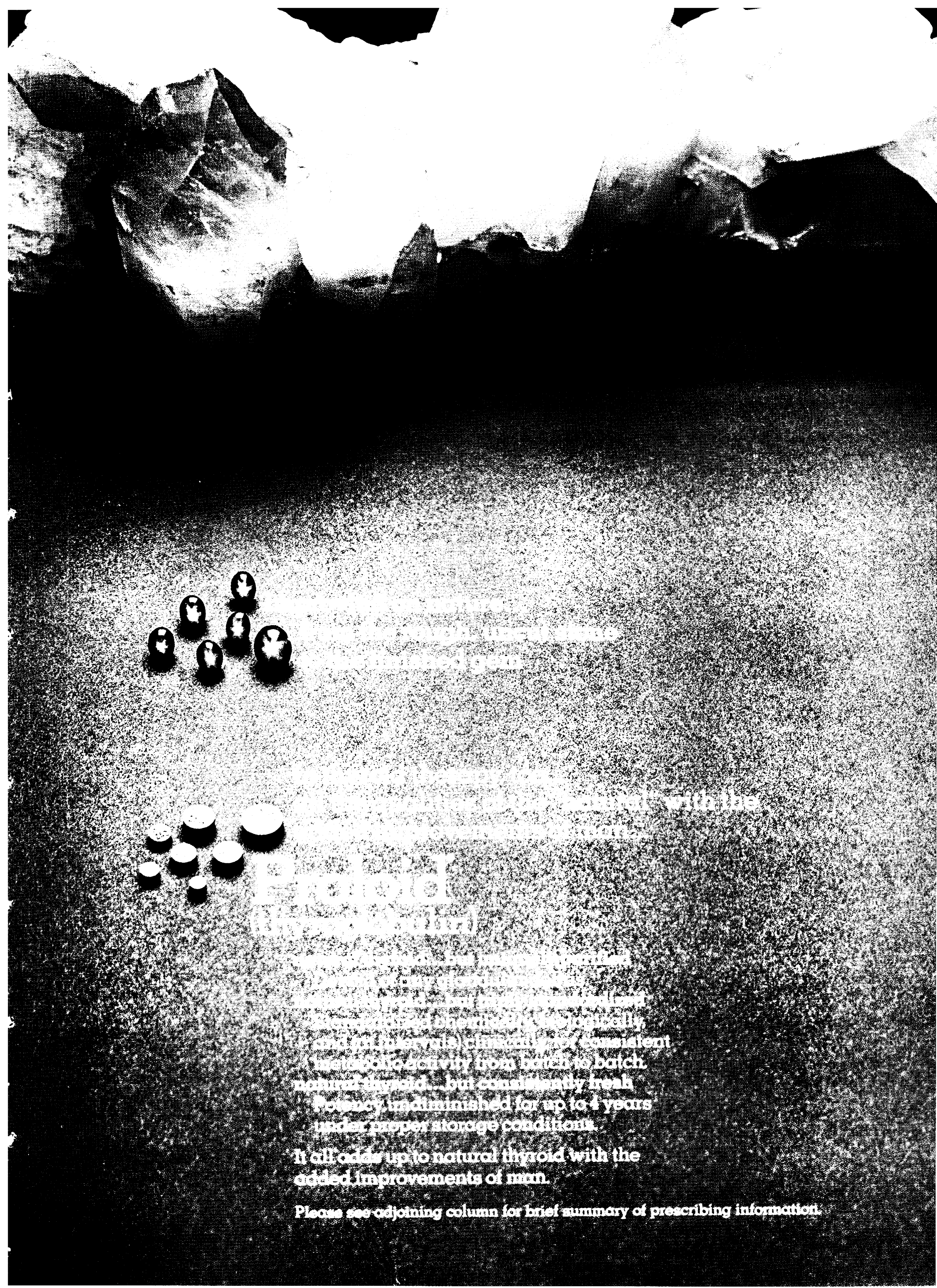
In changing from Thyroid USP to Proloid (thyroglobulin), substitute the equivalent dose of Proloid (thyroglobulin). Each patient may still require fine adjustment of dosage because the equivalents are only estimates.

Overdosage Symptoms. Headache, instability, nervousness, sweating, tachycardia, with unusual bowel motility. Angina pectoris or congestive heart failure may be induced or aggravated. Shock may develop. Massive overdosage may result in symptoms resembling thyroid storm. Chronic excessive dosage will produce the signs and symptoms of hyperthyroidism.

(Treatment: In shock, supportive measures should be utilized. Treatment of unrecognized adrenal insufficiency should be considered.)

Supplied. ¼ grain tablets in bottles of 100 (N 0047-0250-51) and 1000 (N 0047-0250-60); ½ grain tablets in bottles of 100 (N 0047-0251-51) and 1000 (N 0047-0251-60); scored 1 grain tablets in bottles of 100 (N 0047-0252-51) and 1000 (N 0047-0252-60); 1½ grain tablets in bottles of 100 (N 0047-0253-51) and 1000 (N 0047-0253-60); scored 2 grain tablets in bottles of 100 (N 0047-0257-51); 3 grain tablets in bottles of 100 (N 0047-0254-51) and 1000 (N 0047-0254-60); scored 5 grain tablets in bottles of 100 (N 0047-0255-51) and 1000 (N 0047-0255-60). Full information is available on request. P-GP-51 4/c

WC **WARNER/CHILCOTT**
Division, Warner-Lambert Company
Morris Plains, N.J. 07950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metabolic activity from batch to batch.
natural thyroid...but consistently fresh
Potency undiminished for up to 4 years
under proper storage conditions.
It all adds up to natural thyroid with the
added improvements of man.
Please see adjoining column for brief summary of prescribing information.

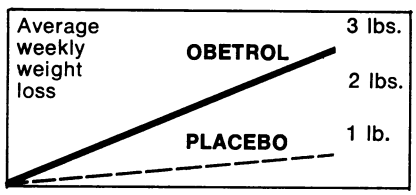
EFFECTIVE APPETITE DEPRESSANT with predictable pharmacological action

OBETROL® C II

Single entity amphetamine product. Each OBETROL-10 (10 mg. tablet) contains: dextroamphetamine saccharate 2.5 mg., amphetamine aspartate 2.5 mg., dextroamphetamine sulfate 2.5 mg., amphetamine sulfate 2.5 mg. OBETROL-20 (20 mg. tablets) contain twice this potency.

Average weight loss of 2.15 lbs per week compared in clinical studies against a placebo.

CONTROLLED STUDY —
72 CASES 4 WEEKS' RESULTS



Obetrol eases the discomfort of adherence to a restricted diet in individuals who are well motivated to reduce their food intake.

Clinical studies disclose amphetamines to be the most dependable drug in a weight-reduction regimen compared to other anorexigenic agents.

Amphetamines have a significant potential for abuse. In view of their limited short-term anorectic effect and rapid development of tolerance, they should be used with extreme caution and only for limited periods of time in weight reduction programs.

Actions: Amphetamines are sympathomimetic amines with CNS stimulant activity. Peripheral actions include elevation of systolic and diastolic blood pressures and weak bronchodilator and respiratory stimulant action. The anorectic effect diminishes after a few weeks.

Indications: Exogenous obesity, as a short term (a few weeks) adjunct in a regimen of weight reduction based on caloric restriction. For patients in whom obesity is refractory to other measures.

Contraindications: Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncracy to the sympathomimetic amines. • Agitated states. • Patients with a history of drug abuse. • During or within 14 days following the administration of monoamine oxidase inhibitors, hypertensive crises may result.

Warnings: Tolerance to the anorectic effect usually develops within a few weeks. When this occurs, the recommended dose should not be exceeded in an attempt to increase the effect, rather, the drug should be discontinued. Amphetamines may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or driving a motor vehicle; the patient should therefore be cautioned accordingly.

Precautions: Caution is to be exercised in prescribing amphetamines for patients with even mild hypertension. Insulin requirements in diabetes mellitus may be altered in association with the use of amphetamines and the concomitant dietary regimen. Amphetamines may decrease the hypotensive effect of guanethidine. The least amount feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.

Adverse Reactions: *Cardiovascular:* Palpitation, tachycardia, elevation of blood pressure. Central nervous system: Overstimulation, restlessness, dizziness, insomnia, euphoria, dysphoria, tremor, headache; rarely, psychotic episodes at recommended doses. *Gastrointestinal:* Dryness of the mouth, unpleasant taste, diarrhea, other gastrointestinal disturbances. Anorexia and weight loss may occur as undesirable effects when amphetamines are used for other than the anorectic effect. *Allergic:* Urticaria. *Endocrine:* Impotence, changes in libido.

Dosage and Administration: Regardless of indication, amphetamines should be administered at the lowest effective dosage and dosage should be individually adjusted. Late evening medication should be avoided because of the resulting insomnia.

1. Narcolepsy: Usual dose 5 to 60 milligrams per day in divided doses.
2. Minimal brain dysfunction:
   a. Not recommended for children under 3 years of age.
   b. Children from 3 to 5 years of age: 2.5 milligrams daily, raised in increments of 2.5 milligrams at weekly intervals until optimal response is obtained.
   c. Children 6 years of age and older, 5 milligrams, once or twice daily, increased in increments of 5 milligrams at weekly intervals. Only in rare cases will it be necessary to exceed a total of 40 milligrams per day.
3. Obesity: Usual adult dose 5 to 30 milligrams per day in divided doses.

Overdosage: Manifestations of acute overdosage with amphetamines include restlessness, confusion, assaultiveness, hallucinations, panic states. Fatigue and depression usually follow the central stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

Management of acute amphetamine intoxication is largely symptomatic and includes lavage and sedation with a barbiturate. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard.

Availability: Supplied in bottles of 100; 500 and 1,000 tablets.

CAUTION: FEDERAL LAW PROHIBITS DISPENSING WITHOUT PRESCRIPTION.

January 1973

Comprehensive informational brochure available upon written request. Prescribe Obetrol for appetite control.

OBETROL Pharmaceuticals Division/Rexar Pharmacal Corp.
Valley Stream, New York 11582

IN GONORRHEA

INJECTION

Wycillin®

(STERILE PROCAINE PENICILLIN G SUSPENSION) WYETH

Gonorrhea, according to the national Center for Disease Control, is, if the parenteral route is chosen, most effectively treated with aqueous procaine penicillin G. In uncomplicated cases, administration of 4.8 million units together with 1 gram oral probenecid, given at least 30 minutes prior to injection, is recommended.

Indications: In treatment of moderately severe infections due to penicillin G-sensitive microorganisms sensitive to the low and persistent serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response.

NOTE: When high sustained serum levels are required use aqueous penicillin G, IM or IV.

The following infection will usually respond to adequate dosages of intramuscular procaine penicillin G.—*N. gonorrhoeae:* acute and chronic (without bacteremia).

For deep intramuscular injection only.

Contraindications: Previous hypersensitivity reaction to any penicillin.

Warnings: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy.

Serious anaphylactoid reactions require immediate emergency treatment with epinephrine. Oxygen and intravenous corticosteroids should also be administered as indicated.

Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents e.g., pressor amines, antihistamines and corticosteroids.

Precautions: Use cautiously in individuals with histories of significant allergies and/or asthma.

Carefully avoid intravenous or intraarterial use, or injection into or near major peripheral nerves or blood vessels, since such injections may produce neurovascular damage.

A small percentage of patients are sensitive to procaine. If there is a history of sensitivity, make the usual test: Inject intradermally 0.1 cc. of a 1 to 2 percent procaine solution. Development of an erythema, wheal, flare or eruption indicates procaine sensitivity. Sensitivity should be treated by the usual methods, including barbiturates, and procaine penicillin preparations should not be used. Antihistaminics appear beneficial in treatment of procaine reaction.

The use of antibiotics may result in overgrowth of nonsusceptible organisms. Constant observation of the patient is essential. If new infections due to bacteria or fungi appear during therapy, discontinue penicillin and take appropriate measures.

If allergic reaction occurs, withdraw penicillin unless, in the opinion of the physician, the condition being treated is life threatening and amenable only to penicillin therapy.

When treating gonococcal infections with suspected primary or secondary syphilis, perform proper diagnostic procedures, including darkfield examinations. In all cases in which concomitant syphilis is suspected, perform monthly serological tests for at least four months.

Adverse Reactions: (Penicillin has significant index of sensitization) skin rashes, ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; serum sickness-like reactions, including chills, fever, edema, arthralgia and prostration. Severe and often fatal anaphylaxis has been reported. (See "Warnings.")

As with other antisyphilitics, Jarisch-Herxheimer reaction has been reported.

Administration and Dosage: Administer only by *deep intramuscular injection,* in upper outer quadrant of buttock. In infants and small children, midlateral aspect of thigh may be preferable. When doses are repeated, vary injection site. Before injection, aspirate to be sure needle bevel is not in blood vessel. If blood appears, remove needle and inject in another site.

Although some isolates of *Neisseria gonorrhoeae* have decreased susceptibility to penicillin, this resistance is relative, not absolute, and penicillin in large doses remains the drug of choice. Physicians are cautioned not to use less than recommended doses.

Gonorrheal infections (uncomplicated)—Men or Women: 4.8 million units intramuscularly divided into at least two doses and injected at different sites at one visit, together with 1 gram of oral probenecid, preferably given at least 30 minutes prior to injection.

NOTE: Treatment of severe complications of gonorrhea should be individualized using large amounts of short-acting penicillin. Gonorrheal endocarditis should be treated intensively with aqueous penicillin G. Prophylactic or epidemiologic treatment for gonorrhea (male and female) is accomplished with same treatment schedules as for uncomplicated gonorrhea.

Retreatment: The National Center for Disease Control, Venereal Disease Branch, U.S. Dept. H.E.W. recommends:

Test cure procedures at approximately 7-14 days after therapy. In the male, a gram-stained smear is adequate if positive; otherwise, a culture specimen should be obtained from the anterior urethra. In the female, culture specimens should be obtained from both the endocervical and anal canal sites.

Retreatment in males is indicated if urethral discharge persists 3 or more days following initial therapy and smear or culture remains positive. Follow-up treatment consists of 4.8 million units I.M. divided in 2 injection sites at single visit.

In uncomplicated gonorrhea in the female, retreatment is indicated if follow-up cervical or rectal cultures remain positive for *N. gonorrhoeae.* Follow-up treatment consists of 4.8 million units daily on 2 successive days.

Syphilis: all gonorrhea patients should have a serologic test for syphilis at the time of diagnosis. Patients with gonorrhea who also have syphilis should be given additional treatment appropriate to the stage of syphilis.

Composition: Each disposable syringe 2,400,000 units (4-cc. size) contains procaine penicillin G in a stabilized aqueous suspension with sodium citrate buffer, and as w/v approximately 0.5% lecithin, 0.5% carboxymethylcellulose, 0.5% povidone, 0.1% methylparaben, and 0.01% propylparaben. The multiple-dose 10-cc. vial contains per cc. 300,000 units procaine penicillin G in a stabilized aqueous suspension with sodium citrate buffer and approximately 7 mg. lecithin, 2 mg. carboxymethylcellulose, 3 mg. povidone, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 1.2 mg. methylparaben, and 0.14 mg. propylparaben.

Five are graduating with honors. How many with VD?

On the average, you can figure the incidence of VD among teenagers at about 900 per 100,000 population.* And growing.

Among those in the 20-24 age-group, the incidence is even higher. And it, too, is growing.

In the long run, a populace educated to the risks and prevention of VD is probably the best answer to the problem. Meanwhile, though, adequate doses of the recommended types of penicillin remain a formidable weapon.

IN SYPHILIS
INJECTION
Bicillin® LONG-ACTING
(STERILE BENZATHINE PENICILLIN G SUSPENSION) WYETH

Syphilis is preferably treated with benzathine penicillin G, which is also the drug of choice for prophylaxis after exposure. Administration of 2.4 million units (1.2 million in each buttock) usually cures most cases of primary, secondary and latent syphilis with negative spinal fluid.

Indications: In treatment of infections due to penicillin G-sensitive microorganisms that are susceptible to the low and very prolonged serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response.

The following infections will usually respond to adequate dosage of intramuscular benzathine penicillin G.—Venereal infections: Syphilis, yaws, bejel and pinta.

For deep intramuscular injection only.

Contraindications: Previous hypersensitivity reaction to any penicillin.

Warnings: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported. Anaphylaxis is more frequent following parenteral therapy but has occurred with oral penicillins. These reactions are more apt to occur in individuals with history of sensitivity to multiple allergens.

Severe hypersensitivity reactions with cephalosporins have been well documented in patients with history of penicillin hypersensitivity. Before penicillin therapy, carefully inquire into previous hypersensitivity to penicillins, cephalosporins and other allergens. If allergic reaction occurs, discontinue drug and treat with usual agents, e.g., pressor amines, antihistamines and corticosteroids.

Precautions: Use cautiously in individuals with histories of significant allergies and/or asthma.

Carefully avoid intravenous or intraarterial use, or injection into or near major peripheral nerves or blood vessels, since such injection may produce neurovascular damage.

In streptococcal infections, therapy must be sufficient to eliminate the organism; otherwise the sequelae of streptococcal disease may occur. Take cultures following completion of treatment to determine whether streptococci have been eradicated.

Prolonged use of antibiotics may promote overgrowth of nonsusceptible organisms including fungi. Take appropriate measures should superinfection occur.

Adverse Reactions: Hypersensitivity reactions reported are skin eruptions (maculopapular to exfoliative dermatitis), urticaria and other serum sickness reactions, laryngeal edema and anaphylaxis. Fever and eosinophilia may frequently be only reaction observed. Hemolytic anemia, leucopenia, thrombocytopenia, neuropathy and nephropathy are infrequent and usually associated with high doses of parenteral penicillin.

As with other antisyphilitics, Jarisch-Herxheimer reaction has been reported.

Administration and Dosage: Venereal infections—

Syphilis—Primary, secondary and latent—2.4 million units (1 dose).

Late (tertiary and neurosyphilis)—2.4 million units at 7 day intervals for three doses.

Congenital—under 2 years of age, 50,000 units/Kg. body weight; ages 2-12 years, adjust dosage based on adult dosage schedule.

(Shake multiple-dose vial vigorously before withdrawing the desired dose.) Administer by **deep intramuscular injection** in the upper outer quadrant of the buttock. In infants and small children, the midlateral aspect of the thigh may be preferable. When doses are repeated, vary the injection site. Before injecting the dose, aspirate to be sure needle bevel is not in a blood vessel. If blood appears, remove the needle and inject in another site.

Composition: Units benzathine penicillin G (as active ingredient): 2,400,000 units in 4-cc. single dose disposable syringe. Each disposable syringe also contains in aqueous suspension with sodium citrate buffer, as w/v approximately 0.5% lecithin, 0.6% carboxymethylcellulose, 0.6% povidone, 0.1% methylparaben, and 0.01% propylparaben. 300,000 units per cc.—10-cc. multi-dose vial. Each cc. also contains sodium citrate buffer, approximately 6 mg. lecithin, 3 mg. povidone, 1 mg. carboxymethylcellulose, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 1.2 mg. methylparaben, and 0.14 mg. propylparaben.

Wyeth Laboratories
Philadelphia, Pa. 19101

U.S. Dept. of Health, Education, and Welfare: VD Fact Sheet 1972: Publication No. (HSM) 73-8195

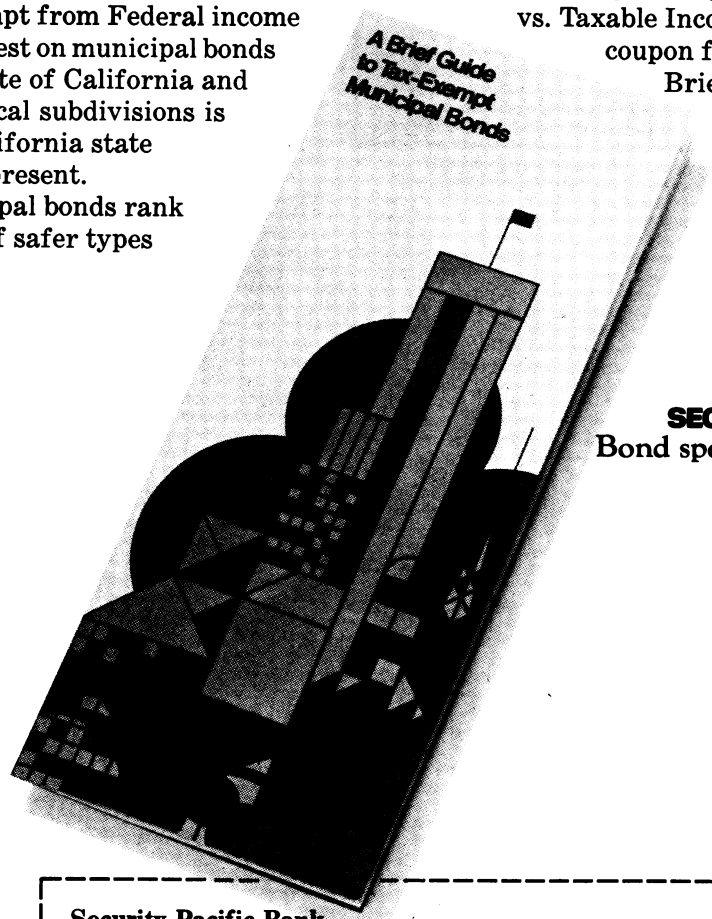
Free: "A Brief Guide to Tax-Exempt Municipal Bonds."

We'd like to send you a little booklet that covers several reasons for considering municipal bonds. Here are just two of them.

Simply stated, all interest on municipal bonds is exempt from Federal income taxes. Also, interest on municipal bonds issued by the State of California and most of its political subdivisions is exempt from California state income taxes at present.

And, municipal bonds rank high on the list of safer types of investment.

These are only two of several sound reasons you should consider municipal bonds as an investment vehicle. For more reasons, plus an enlightening chart of Tax-Exempt vs. Taxable Income, please return the coupon for our free booklet, "A Brief Guide to Tax-Exempt Municipal Bonds." There is, of course, no obligation.



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MEMBER FDIC

THE NATURAL WAY

For more than thirty years PREMARIN (Conjugated Estrogens Tablets, U.S.P.) has been prepared with natural equine estrogens exclusively—without synthetic estrogen supplements. For more than thirty years it has provided the complete estrogen complex in the proportions found in its natural source. And for more than thirty years PREMARIN has enjoyed an unparalleled record of clinical efficacy and acceptance.

PREMARIN. The only estrogen preparation available that contains natural estrogens exclusively and also meets all U.S.P. specifications for conjugated estrogens. Assurance of quality for you and your patients.

PREMARIN . . . naturally.

BRIEF SUMMARY
(For full prescribing information, see package circular.)
PREMARIN®
(Conjugated Estrogens Tablets, U.S.P.)

Indications: Based on a review of PREMARIN Tablets by the National Academy of Sciences-National Research Council and/or other information, FDA has classified the indications for use as follows:
Effective: As replacement therapy for naturally occurring or surgically induced estrogen deficiency states associated with: the climacteric, including the menopausal syndrome and postmenopause; senile vaginitis and kraurosis vulvae, with or without pruritus.
"Probably" effective: For estrogen deficiency-induced osteoporosis, and only when used in conjunction with other important therapeutic measures such as diet, calcium, physiotherapy, and good general health-promoting measures. Final classification of this indication requires further investigation.

Contraindications: Short acting estrogens are contraindicated in patients with (1) markedly impaired liver function; (2) known or suspected carcinoma of the breast, except those cases of progressing disease not amenable to surgery or irradiation occurring in women who are at least 5 years postmenopausal; (3) known or suspected estrogen-dependent neoplasia, such as carcinoma of the endometrium; (4) thromboembolic disorders, thrombophlebitis, cerebral embolism, or in patients with a past history of these conditions; (5) undiagnosed abnormal genital bleeding.
Warnings: Estrogen therapy should not be given to women with recurrent chronic mastitis or abnormal mammograms except, if in the opinion of the physician, it is warranted despite the possibility of aggravation of the mastitis or stimulation of undiagnosed estrogen-dependent neoplasia.

The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, retinal thrombosis, cerebral embolism and pulmonary embolism). If these occur or are suspected, estrogen therapy should be discontinued immediately.

Estrogens may be excreted in the mother's milk and an estrogenic effect upon the infant has been described. The long range effect on the nursing infant cannot be determined at this time.

Hypercalcemia may occur in as many as 15 percent of breast cancer patients with metastases, and this usually indicates progression of bone metastases. This occurrence depends neither on dose nor on immobilization. In the presence of progression of the cancer or hypercalcemia, estrogen administration should be stopped.

A statistically significant association has been reported between maternal ingestion of diethylstilbestrol during pregnancy and the occurrence of vaginal carcinoma in the offspring. This occurred with the use of diethylstilbestrol for the treatment of threatened abortion or high risk pregnancies. Whether or not such an association is applicable to all estrogens is not known at this time. In view of this finding, however, the use of any estrogen in pregnancy is not recommended.

Failure to control abnormal uterine bleeding or unexpected recurrence is an indication for curettage.

Precautions: As with all short acting estrogens, the following precautions should be observed:

A complete pretreatment physical examination should be performed with special reference to pelvic and breast examinations.

To avoid prolonged stimulation of the endometrium and breasts in climacteric or hypogonadal women, estrogens should be administered cyclically (3 week regimen with 1 week rest period—withdrawal bleeding may occur during rest period).

Because of individual variation in endogenous estrogen production, relative overdosage may occur which could cause undesirable effects such as abnormal or excessive uterine bleeding, mastodynia and edema.

Because of salt and water retention associated with estrogenic anabolic activity, estrogens should be used with caution in patients with epilepsy, migraine, asthma, cardiac, or renal disease.

If unexplained or excessive vaginal bleeding should occur, reexamination should be made for organic pathology.

Pre-existing uterine fibromyomata may increase in size while using estrogens; therefore, patients should be examined at regular intervals while receiving estrogenic therapy.

The pathologist should be advised of estrogen therapy when relevant specimens are submitted.

Because of their effects on epiphyseal closure, estrogens should be used judiciously in young patients in whom bone growth is incomplete.

Prolonged high dosages of estrogens will inhibit anterior pituitary functions. This should be borne in mind when treating patients in whom fertility is desired.

The age of the patient constitutes no absolute limiting factor, although treatment with estrogens may mask the onset of the climacteric.

Certain liver and endocrine function tests may be affected by exogenous estrogen administration. If test results are abnormal in a patient taking estrogen, they should be repeated after estrogen has been withdrawn for one cycle.

Adverse Reactions: The following adverse reactions have been reported associated with short acting estrogen administration:
nausea, vomiting, anorexia
gastrointestinal symptoms such as abdominal cramps and bloating
breakthrough bleeding, spotting, unusually heavy withdrawal bleeding (See DOSAGE AND ADMINISTRATION)
breast tenderness and enlargement
reactivation of endometriosis
possible diminution of lactation when given immediately postpartum
loss of libido and gynecomastia in males
edema
aggravation of migraine headaches
change in body weight (increase, decrease)
headache
allergic rash
hepatic cutaneous porphyria becoming manifest

Dosage and Administration: PREMARIN should be administered cyclically (3 weeks of daily estrogen and 1 week off) for all indications except selected cases of carcinoma and prevention of postpartum breast engorgement.

Menopausal Syndrome—1.25 mg. daily, cyclically. Adjust dosage upward or downward according to severity of symptoms and response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control.

If the patient has not menstruated within the last two months or more, cyclic administration is started arbitrarily. If the patient is menstruating, cyclic administration is started on day 5 of bleeding. If breakthrough bleeding (bleeding or spotting during estrogen therapy) occurs, increase estrogen dosage as needed to stop bleeding. In the following cycle, employ the dosage level used to stop breakthrough bleeding in the previous cycle. In subsequent cycles, the estrogen dosage is gradually reduced to the lowest level which will maintain the patient symptom-free.

Postmenopause—as a protective measure against estrogen deficiency-induced degenerative changes (*e.g.* osteoporosis, atrophic vaginitis, kraurosis vulvae)—0.3 mg. to 1.25 mg. daily and cyclically. Adjust dosage to lowest effective level.

Osteoporosis (to retard progression)—usual dosage 1.25 mg. daily and cyclically.

Senile Vaginitis, Kraurosis Vulvae with or without Pruritus—0.3 mg. to 1.25 mg. or more daily, depending upon the tissue response of the individual patient. Administer cyclically.

How Supplied: PREMARIN (Conjugated Estrogens Tablets, U.S.P.)

No. 865—Each *purple* tablet contains 2.5 mg., in bottles of 100 and 1,000.

No. 866—Each *yellow* tablet contains 1.25 mg., in bottles of 100 and 1,000. Also in unit dose package of 100.

No. 867—Each *red* tablet contains 0.625 mg., in bottles of 100 and 1,000.

No. 868—Each *green* tablet contains 0.3 mg., in bottles of 100 and 1,000. 7352

PREMARIN®

BRAND OF CONJUGATED ESTROGENS TABLETS, U.S.P.

CONTAINS ONLY NATURAL ESTROGENS ...NO SYNTHETICS OR SUPPLEMENTS

Ayerst.

AYERST LABORATORIES
New York, N.Y. 10017

to help treat what you often find: obvious moderate to severe anxiety with a less obvious underlying depression

TRIAVIL®

containing perphenazine and amitriptyline HCl

a tranquilizer–antidepressant

"...and she'd jump every time the phone rang."

"All right, I agree, she was obviously very anxious...you said she hadn't been sleeping...."

"She felt *tired enough* to sleep... not relaxed enough...food, too... she's too nervous to eat...says she *can't* relax...afraid there's something very wrong with her."

"...that's a good place to start! Did you find anything wrong with her?"

Treatment with TRIAVIL—a balanced view.

Tablets TRIAVIL are available in four different combinations affording flexibility and individualized dosage adjustment. Close supervision of patients is essential until satisfactory remission has taken place. Since suicide is a possibility in any depressive illness, patients should not have easy access to large quantities of the drug. The drug may impair alertness and potentiate the response to alcohol. It should not be used during the acute recovery phase following myocardial infarction or given to patients who have received an MAOI within two weeks. TRIAVIL should be used with caution in glaucoma and in patients prone to urinary retention. It is contraindicated in CNS depression and in the presence of evidence of bone marrow depression.

MSD MERCK SHARP DOHME

For a brief summary of prescribing information, please turn to the following page.

"Not a thing... negative... nothing organically wrong. Still has a fair list of somatic complaints. I've tried to reassure her... to let her talk... to help her sort things out. She's been in to see me a number of times."

"...what about medication?"

"Just what I was coming to... I've had her on tranquilizers. And *that's* what puzzles me. I'm not getting the response I hoped for. She's no better... perhaps a little worse. It's sad to see."

"...I think *'sad'* may be what you're not seeing! You know, this sounds like another case where the *anxiety* is so clear and pervasive we tend to overlook the depressive part of the picture. I'm not sure that we shouldn't almost always think of anxiety *with* depression... not anxiety alone. Take another look at your records... talk to her some more. If you decide she's depressed, I think you might want to consider TRIAVIL.... It can help relieve her entire symptom complex... control the anxiety... while at the same time treat the depression."

TRIAVIL®

to help treat what you often find: obvious moderate to severe anxiety with a less obvious underlying depression

containing perphenazine and amitriptyline HCl

a tranquilizer-antidepressant

Available:
TRIAVIL® 2-25: Each tablet contains
2 mg perphenazine and 25 mg amitriptyline HCl

TRIAVIL® 2-10: Each tablet contains
2 mg perphenazine and 10 mg amitriptyline HCl

TRIAVIL® 4-25: Each tablet contains
4 mg perphenazine and 25 mg amitriptyline HCl

TRIAVIL® 4-10: Each tablet contains
4 mg perphenazine and 10 mg amitriptyline HCl

INITIAL THERAPY FOR MANY PATIENTS
TRIAVIL® 2-25 (or TRIAVIL® 4-25) t.i.d. or q.i.d.

FOR FLEXIBILITY IN ADJUSTING MAINTENANCE THERAPY
TRIAVIL® 2-10 (or TRIAVIL® 4-10)

CONTRAINDICATIONS: Central nervous system depression from drugs (barbiturates, alcohol, narcotics, analgesics, antihistamines); bone marrow depression; known hypersensitivity to phenothiazines or amitriptyline. Do not give concomitantly with MAOI drugs because hyperpyretic crises, severe convulsions, and deaths have occurred from such combinations. Allow minimum of 14 days between therapies, then initiate therapy with TRIAVIL cautiously, with gradual increase in dosage until optimum response is achieved. Not recommended for use during acute recovery phase following myocardial infarction.

WARNINGS: TRIAVIL should not be given with guanethidine or similarly acting compounds. Use cautiously in patients with history of urinary retention, angle-closure glaucoma, increased intraocular pressure, or convulsive disorders. In patients with angle-closure glaucoma, even average doses may precipitate an attack. Patients with cardiovascular disorders should be watched closely. Tricyclic antidepressants, including amitriptyline HCl, particularly in high doses, have been reported to produce arrhythmias, sinus tachycardia, and prolongation of conduction time. Myocardial infarction and stroke have been reported with tricyclic antidepressant drugs. Close supervision is required for hyperthyroid patients or those receiving thyroid medication. Caution patients performing hazardous tasks, such as operating machinery or driving motor vehicles, that drug may impair mental and/or physical abilities. Not recommended in children or during pregnancy.

PRECAUTIONS: Suicide is a possibility in depressed patients and may remain until significant remission occurs. Such patients should not have access to large quantities of this drug.

Perphenazine: Should not be used indiscriminately. Use with caution in patients who have previously exhibited severe adverse reactions to other phenothiazines. Likelihood of untoward actions is greater with high doses. Closely supervise with any dosage. The antiemetic effect of perphenazine may obscure signs of toxicity due to overdosage of other drugs or make more difficult the diagnosis of disorders such as brain tumor or intestinal obstruction. A significant, not otherwise explained, rise in body temperature may suggest individual intolerance to perphenazine, in which case discontinue.

If hypotension develops, epinephrine should not be employed, as its action is blocked and partially reversed by perphenazine. Phenothiazines may potentiate the action of central nervous system depressants (opiates, analgesics, antihistamines, barbiturates, alcohol) and atropine. In concurrent therapy with any of these, TRIAVIL should be given in reduced dosage. May also potentiate the action of heat and phosphorous insecticides.

Amitriptyline: In manic-depressive psychosis, depressed patients may experience a shift toward the manic phase if they are treated with an antidepressant. Patients with paranoid symptomatology may have an exaggeration of such symptoms. The tranquilizing effect of TRIAVIL seems to reduce the likelihood of this effect. When amitriptyline HCl is given with anticholinergic agents or sympathomimetic drugs, including epinephrine combined with local anesthetics, close supervision and careful adjustment of dosages are required.

Caution is advised if patients receive large doses of ethchlorvynol concurrently. Transient delirium has been reported in patients who were treated with 1 g of ethchlorvynol and 75-150 mg of amitriptyline HCl.

Amitriptyline HCl may enhance the response to alcohol and the effects of barbiturates and other CNS depressants.

Concurrent administration of amitriptyline HCl and electroshock therapy may increase the hazards associated with such therapy. Such treatment should be limited to patients for whom it is essential. Discontinue several days before elective surgery if possible. Elevation and lowering of blood sugar levels have both been reported.

ADVERSE REACTIONS: Similar to those reported with either constituent alone.

Perphenazine: Side effects may be any of those reported with phenothiazine drugs: extrapyramidal symptoms (opisthotonus, oculogyric crisis, hyperreflexia, dystonia, akathisia, acute dyskinesia, ataxia, parkinsonism) can usually be controlled by the concomitant use of effective antiparkinsonian drugs and/or by reduction in dosage, but sometimes persist after discontinuation of the phenothiazine.

Tardive dyskinesia may appear in some patients on long-term therapy or may occur after drug therapy with phenothiazines and related agents has been discontinued. The risk appears to be greater in elderly patients on high-dose therapy, especially females. Symptoms are persistent and in some patients appear to be irreversible. The syndrome is characterized by rhythmical involuntary movements of the tongue, face, mouth, or jaw (e.g., protrusion of tongue, puffing of cheeks, puckering of mouth, chewing movements). Involuntary movements of the extremities sometimes occur. There is no known treatment for tardive dyskinesia; antiparkinsonism agents usually do not alleviate the symptoms. It is advised that all antipsychotic agents be discontinued if the above symptoms appear. If treatment is reinstituted, or dosage of the particular drug increased, or another drug substituted, the syndrome may be masked. It has been suggested that fine vermicular movements of the tongue may be an early sign of the syndrome, and that the full-blown syndrome may not develop if medication is stopped when lingual vermiculation appears.

Other side effects are skin disorders (photosensitivity, itching, erythema, urticaria, eczema, up to exfoliative dermatitis); other allergic reactions (asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions); peripheral edema; reversed epinephrine effect; hyperglycemia; endocrine disturbances (lactation, galactorrhea, gynecomastia, disturbances of menstrual cycle); altered cerebrospinal fluid proteins; paradoxical excitement; hypertension, hypotension, tachycardia, and ECG abnormalities (quinidine-like effect); reactivation of psychotic processes; catatonic-like states; autonomic reactions, such as dry mouth or salivation, headache, anorexia, nausea, vomiting, constipation, obstipation, urinary frequency or incontinence, blurred vision, nasal congestion, and a change in pulse rate; hypnotic effects; pigmentary retinopathy; corneal and lenticular pigmentation; occasional lassitude, muscle weakness, mild insomnia. Other adverse reactions reported with various phenothiazine compounds include blood dyscrasias (pancytopenia, thrombocytopenic purpura, leukopenia, agranulocytosis, eosinophilia); liver damage (jaundice, biliary stasis); grand mal convulsions; cerebral edema; polyphagia; photophobia; skin pigmentation; and failure of ejaculation.

Amitriptyline: Note: Listing includes a few reactions not reported for this drug, but which have occurred with other pharmacologically similar tricyclic antidepressant drugs. *Cardiovascular:* Hypotension; hypertension; tachycardia; palpitation; myocardial infarction; arrhythmias; heart block; stroke. *CNS and Neuromuscular:* Confusional states; disturbed concentration; disorientation; delusions; hallucinations; excitement; anxiety; restlessness; insomnia; nightmares; numbness, tingling, and paresthesias of the extremities; peripheral neuropathy; incoordination; ataxia; tremors; seizures; alteration in EEG patterns; extrapyramidal symptoms; tinnitus. *Anticholinergic:* Dry mouth; blurred vision; disturbance of accommodation; constipation; paralytic ileus; urinary retention; dilatation of urinary tract. *Allergic:* Skin rash; urticaria; photosensitization; edema of face and tongue. *Hematologic:* Bone marrow depression including agranulocytosis; leukopenia; eosinophilia; purpura; thrombocytopenia. *Gastrointestinal:* Nausea; epigastic distress; vomiting; anorexia; stomatitis; peculiar taste; diarrhea; parotid swelling; black tongue. *Endocrine:* Testicular swelling and gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido; elevated or lowered blood sugar levels. *Other:* Dizziness, weakness; fatigue; headache; weight gain or loss; increased perspiration; urinary frequency; mydriasis; drowsiness; jaundice; alopecia. *Withdrawal Symptoms:* Abrupt cessation after prolonged administration may produce nausea, headache, and malaise. These are not indicative of addiction.

OVERDOSAGE: All patients suspected of having taken an overdosage should be admitted to a hospital as soon as possible. Treatment is symptomatic and supportive. However, the intravenous administration of 1-3 mg of physostigmine salicylate has been reported to reverse the symptoms of tricyclic antidepressant poisoning. On this basis, in severe overdosage with perphenazine-amitriptyline combinations, symptomatic treatment of central anticholinergic effects with physostigmine salicylate should be considered.

For more detailed information, consult your MSD Representative or see full Prescribing Information.
Merck Sharp & Dohme, Division of Merck & Co., Inc., West Point, Pa. 19486.

MSD
MERCK SHARP & DOHME

PreSun®

(5% PABA LOTION)

may help prevent harmful effects of the sun such as premature aging of skin and skin cancer.*

*Information on file at Westwood Pharmaceuticals Inc.

WESTWOOD
PHARMACEUTICALS INC.
Buffalo, New York 14213

Help relieve pain, restore mobility with PARAFON FORTE® tablets

chlorzoxazone + 250 mg : acetaminophen 300 mg

*This drug has been evaluated as "probably" effective for this indication.

See brief summary of prescribing information on facing page for Indications, Contraindications, Warnings, Precautions and Adverse Reactions.

CALIFORNIA MEDICAL ASSOCIATION

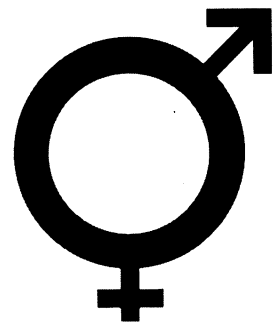
1975 Annual Postgraduate Institutes

WEST COAST COUNTIES

Quail Lodge, Carmel

March 21-22, 1975

- Convulsions in Children
- Immunology
- Psychological Development
- Total Joint Replacement
- Pain
- Neonatal Intensive Care
- Hypertension
- Depression



SPECIAL CONFERENCE ON HUMAN SEXUALITY AND MEDICINE

The Ahwahnee, Yosemite

April 25-26, 1975

- Identification and Management of Sexual Problems in Medical Practice
- Female Sexuality
- Today's Lifestyles and Sexually Transmitted Diseases
- Sexual Dysfunction
- Sex and Aging
- Gonorrhea Screening
- Homosexuality

SAN JOAQUIN VALLEY COUNTIES

The Ahwahnee, Yosemite

May 9-10, 1975

- Venereal Disease
- Hepatitis
- Arthritis
- Pulmonary Disease
- Vasectomy
- Neonatal and Pediatric Infection
- Infectious Diarrheas
- Intestinal Parasites

1975 CMA POSTGRADUATE INSTITUTES AND CONFERENCES

I plan to attend the following:

☐ **WEST COAST COUNTIES**
March 21-22, Carmel
Quail Lodge

☐ **HUMAN SEXUALITY**
April 25-26
The Ahwahnee, Yosemite

☐ **SAN JOAQUIN VALLEY**
May 9-10
The Ahwahnee, Yosemite

CMA Member fee: $30 for each. Please make check payable to California Medical Association.

NAME _____

ADDRESS _____

CITY _____ ZIP _____

MAIL TO: CMA, Dept of CME, 731 Market Street, San Francisco, California 94103.

A complete program and hotel reservation information will be sent to you upon receipt of your registration fee. Registration fee is 100 percent refundable provided notice of cancellation is submitted to CMA in writing five days prior to the program.

The new nutritional margarine labels have a message about you.

INFORMATION ON FAT AND CHOLESTEROL CONTENT
IS PROVIDED FOR INDIVIDUALS WHO,
ON THE ADVICE OF A PHYSICIAN,
ARE MODIFYING THEIR TOTAL DIETARY INTAKE
OF FAT AND CHOLESTEROL.

Mandatory nutritional statement on the back of all margarine labels

Saffola® wants you to get the rest of the message.

MAZOLA

Nutrition Information Per Serving

Serving size	14 grams (about one tablespoon)
Servings per container	32
Calories	100
Protein	0 grams
Carbohydrate	0 grams
Fat	11 grams
*Percent of calories from fat	99%
*Polyunsaturated	3 grams
*Saturated	2 grams
*Cholesterol	0 (0. per 100 grams)
Sodium	120 milligrams (865 mg./100 gm.)

Percentage of U.S. recommended daily allowances (U.S. RDA)

Vitamin A 10%

Contains less than 2 percent of the U.S. RDA of protein, Vitamin C, thiamine, riboflavin, niacin, Calcium, and iron.

*Information on fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

IMPERIAL

Nutrition Information Per Serving

Serving size	14 grams (about one tablespoon)
Servings per container	32 (per pound container)
Calories	100
Protein	0 (not a significant source of protein)
Carbohydrate	0
Fat	11 grams
Percent of calories from fat	over 99%
**Polyunsaturated	3 grams
**Saturated	2 grams
**Cholesterol	0 (0. per 100 grams)

*Percentage of U.S. recommended daily allowances (U.S. RDA)**

Vitamin A 10% Vitamin D 15%

*Contains less than 2 percent of the U.S. RDA of Vitamin C, thiamine, riboflavin, niacin, calcium, and iron.

**Information of fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

SAFFOLA

Nutrition Information Per Serving

Serving size	14 grams (about one tablespoon)
Servings per container	32 (per pound container)
Calories	100
Protein	0
Carbohydrate	0
Fat	11 grams
Percent of calories from fats	100%
Polyunsaturated	5 grams
Saturated	2 grams
Contains no cholesterol	

Information of fat and cholesterol content is provided for individuals who, on the advice of a physician, are modifying their total dietary intake of fat and cholesterol.

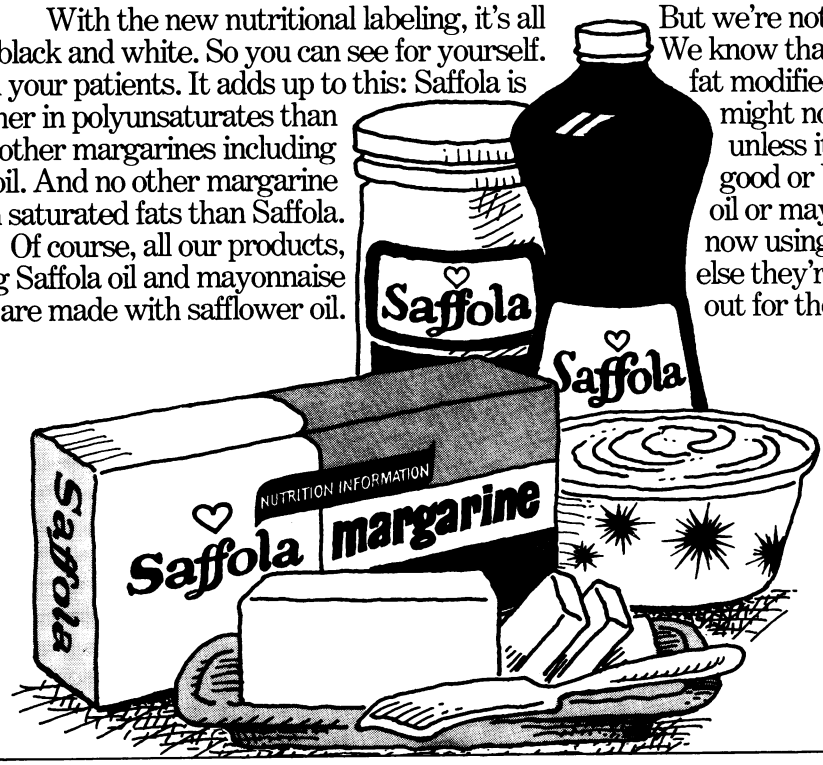
Percentage of U.S. recommended daily allowances (U.S. RDA)

Vitamin A 10% Vitamin E 15%

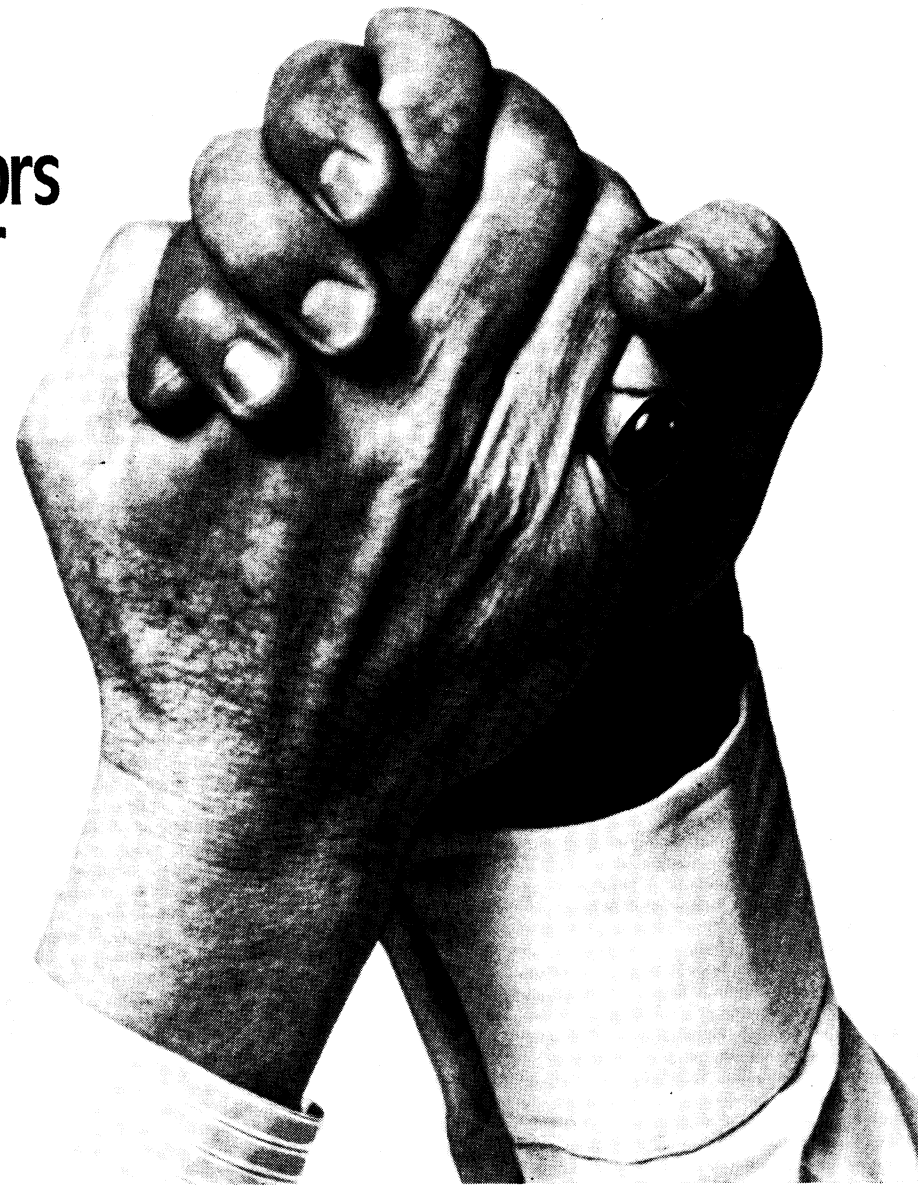
Contains less than 2 percent of the U.S. RDA of protein, Vitamin C, thiamine, riboflavin, niacin, calcium, and iron.

With the new nutritional labeling, it's all there in black and white. So you can see for yourself. And so can your patients. It adds up to this: Saffola is higher in polyunsaturates than most other margarines including corn oil. And no other margarine is lower in saturated fats than Saffola. Of course, all our products, including Saffola oil and mayonnaise are made with safflower oil.

But we're not kidding ourselves. We know that even if you advise a fat modified diet, your patients might not switch to Saffola. Not unless it tastes every bit as good or better than the spread, oil or mayonnaise they're now using. That's something else they're going to find out for themselves.



Must vasodilators and therapy for other diseases come into conflict?



not if the vasodilator is

VASODILAN®
(ISOXSUPRINE HCl)

the compatible vasodilator... no treatment conflicts reported

The cerebral or peripheral vascular disease patient often has coexisting disease[1] which calls for another drug along with his vasodilator. It may be a hypoglycemic, miotic, antihypertensive, diuretic, anticoagulant, corticosteroid, or coronary vasodilator.

Vasodilan is not incompatible with any of these drugs—no treatment conflict has been reported. And, unlike other vasodilators, Vasodilan has not been reported to affect carbohydrate metabolism, liver function, or intraocular pressure—or to complicate treatment of diabetes, hypertension, peptic ulcer, glaucoma, or liver disease.

In fact, there are no known contraindications to the use of Vasodilan in recommended oral doses, other than that it should not be given in the presence of frank arterial bleeding or immediately postpartum.

1. Gertler, M. M., et al.: Geriatrics *25*:134-148 (May) 1970.

Indications: Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.
3. Threatened abortion.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.

Dosage and Administration: 10 to 20 mg. three or four times daily.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Adverse Reactions: On rare occasions, oral administration of the drug has been associated in time with the occurrence of severe rash. When rash appears, the drug should be discontinued. Occasional overdosage effects such as transient palpitation or dizziness are usually controlled by reducing the dose.

Supplied: Tablets, 10 mg.—bottles of 100, 1000, 5000 and Unit Dose; 20 mg.—bottles of 100, 500 and Unit Dose.

Mead Johnson LABORATORIES